

495 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
 MEDICAL EXAMINER'S CERTIFICATE OF DEATH No. 253

Reg. Dist.

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Queen Anne's</u>	MARYLAND	STATE <u>Maryland</u>	COUNTY <u>Queen Anne's</u>
CITY (If outside corporate limits, write RURAL OR and give nearest town)	LENGTH OF STAY (In this place)	CITY (If outside corporate limits write RURAL and give nearest town)	
x TOWN <u>Stomsville</u>	<u>4 yr</u>	TOWN <u>Stomsville</u>	x
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
		<u>Pine Point Road</u>	
3. NAME OF DECEASED:		4. DATE OF DEATH	
(First)	(Middle)	(Last)	(Month) (Day) (Year)
(Type or Print)	<u>Richard Elden</u>	<u>Baxter</u>	<u>May 25 1951</u>
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:
<u>male</u>	<u>white</u>	<u>single</u>	<u>December 9, 1915</u>
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:	9. AGE last birthday: <u>4</u> yrs.
<u>none</u>		<u>none</u>	<u>4</u> yrs.
11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>in Stomsville Md</u>		<u>USA</u>	
13. FATHER'S NAME:		14. MOTHER'S MAIDEN NAME:	
<u>Richard B Baxter</u>		<u>Maire Elburn</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY No.:	
<u>if m</u> <u>no</u>		<u>none</u>	
17. INFORMANT & ADDRESS:			
<u>Richard B Baxter Stomsville Md</u>			

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Burned to death - House caught fire</u> Antecedent cause(s) (b) <u>he was trapped up stairs -</u> Diseases or conditions, if any, giving rise to the above cause (c) <u>stating underlying cause last</u> stating underlying cause last			
11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19a. DATE OF OPERATION:	19b. MAJOR FINDING OF OPERATION:	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY	21c. (City or town) (County) (State)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .			
SIGNATURE <u>W. Henry Fisher</u>		CHIEF MEDICAL EXAMINER <input type="checkbox"/> DATE SIGNED <u>5/25-55</u> DEPUTY MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAM. <input type="checkbox"/>	
23. BURIAL, CREMATION, REMOVAL (Specify):	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>May 26-51</u>	<u>Stomsville</u>	<u>Stomsville Maryland</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS	
<u>May 26, 55</u>	<u>Elizabeth Hofter</u>	<u>Baxter Bus Centerville Maryland</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. 2

JUN 1 1955

RECEIVED

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4955

MARYLAND STATE DEPARTMENT OF HEALTH--BALTIMORE, 18

04957

Reg. Dist.

MEDICAL EXAMINER'S CERTIFICATE OF DEATH

No. 253

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne's</u>		MARYLAND		STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>			
CITY (If outside corporate limits, write RURAL and give nearest town)		LENGTH OF STAY (in this place)		CITY (If outside corporate limits write RURAL and give nearest town)			
X TOWN <u>Stevensville</u>		<u>2 yrs</u>		TOWN <u>Stevensville</u>		X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS				STREET ADDRESS (If rural, give location)			
				<u>Lone Point Road</u>			
3. NAME OF DECEASED:				4. DATE OF DEATH			
(First) <u>Rebecca</u>		(Middle) <u>Ann</u>		(Last) <u>Baxter</u>		(Month) (Day) (Year)	
(Type or Print)						<u>May 25 1955</u>	
5. SEX:	6. COLOR OR RACE:	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):	8. DATE OF BIRTH:	9. AGE last birthday:	IF UNDER 1 YEAR		
<u>Female</u>	<u>White</u>	<u>Single</u>	<u>Aug 1 - 1952</u>	<u>2</u> yrs.	Months	Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of work life, even if retired):		10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country):		12. CITIZEN OF WHAT COUNTRY?	
<u>none</u>		<u>none</u>		<u>in Stevensville Md</u>		<u>USA</u>	
13. FATHER'S NAME:				14. MOTHER'S MAIDEN NAME:			
<u>Richard B Baxter</u>				<u>Marie Elburn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.)		16. SOCIAL SECURITY No.:		17. INFORMANT & ADDRESS:			
<u>no</u>		<u>none</u>		<u>Richard B Baxter Stevensville Md</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:						INTERVAL BETWEEN ONSET AND DEATH	
<p>Immediate cause (a) <u>Burned to death - House caught fire</u></p> <p>Antecedent cause(s) (b) <u>she was trapped up stairs</u></p> <p>Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)</p>							
II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.							
19a. DATE OF OPERATION:		19b. MAJOR FINDING OF OPERATION:					
21a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> or CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21b. PLACE (Home, farm, factory, OF street, office bldg., etc., INJURY		21c. (City or town) (County)		21d. (State)	
				<u>17</u>			
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> , and find that death resulted from: Natural causes <input type="checkbox"/> , Accident <input checked="" type="checkbox"/> , Suicide <input type="checkbox"/> , Homicide <input type="checkbox"/> , Undetermined cause <input type="checkbox"/> .							
SIGNATURE		CHIEF MEDICAL EXAMINER					
<u>W. Henry Fisher</u>		<u>5/25-55</u>					
DEPUTY MEDICAL EXAMINER		ASSISTANT MEDICAL EXAM.					
23. BURIAL, CREMATION, REMOVAL (Specify):		DATE THEREOF		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Buried</u>		<u>May 26 55</u>		<u>Stevensville</u>		<u>Stevensville Maryland</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>May 26, 55</u>		<u>Elizabeth Hooper</u>		<u>Baxter Bros</u>		<u>Centerville Maryland</u>	

BUREAU V. S.

JUN 1 1953

RECEIVED

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED:			
COUNTY <u>Queen Anne's</u> MARYLAND		CITY (If outside corporate limits, write RURAL OR and give nearest town) <u>Centerville</u>		STATE <u>Maryland</u> COUNTY <u>Queen Anne's</u>		CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN <u>Centerville</u> X	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		LENGTH OF STAY (in this place) <u>65 yrs</u>		STREET ADDRESS (If rural, give location) <u>1</u>			
3. NAME OF DECEASED: (First) (Middle) (Last)				4. DATE OF DEATH: (Month) (Day) (Year)			
<u>SARAH ELIZABETH DYOTT</u>				<u>May 18 1955</u>			
5. SEX: <u>Female</u>		6. COLOR OR RACE: <u>White</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): <u>Single</u>		8. DATE OF BIRTH: <u>August 14-1866</u>	
9. AGE last birthday: <u>88</u> yrs.		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): <u>Household</u>		11. BIRTHPLACE (State or foreign country): <u>Talbot Co Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME: <u>Luther Dyott</u>				14. MOTHER'S MAIDEN NAME: <u>Sarah Elizabeth Osborn</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No.: <u>None</u>		17. INFORMANT & ADDRESS: <u>Nellie Meredith, Centerville Md</u>			
18. MEDICAL CERTIFICATION							
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:							
4214 Immediate cause (a) <u>Chronic Valvular disease of the heart</u>							
Antecedent cause(s) (b) <u>Patent atherosclerosis</u>							
Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (c)							
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION: <u>0</u>				19b. MAJOR FINDINGS OF OPERATION:			
20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>							
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN)		(COUNTY) (STATE)	
SUICIDE HOMICIDE		INJURY					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5/17</u> 19 <u>55</u> to <u>5/18</u> 19 <u>55</u> , that I last saw the deceased alive on <u>5/17</u> 19 <u>55</u> , and that death occurred at <u>5:30 PM</u> , from the causes and on the date stated above.							
SIGNATURE <u>A. S. Mathur</u>				DATE SIGNED <u>6/20/55</u>			
(DEGREE OR TITLE) ADDRESS <u>M.D. Centerville Md</u>							
23. BURIAL, CREMATION REMOVAL (Specify): <u>buried</u>		DATE THEREOF <u>May 12-55</u>		NAME OF CEMETERY OR CREMATORY <u>Chesapeake</u>		LOCATION (City, town, or county) (State) <u>Centerville Maryland</u>	
DATE REC'D BY LOCAL REG. <u>5-26-55</u>		REGISTRAR'S SIGNATURE <u>Glenn Armstrong</u>		24. FUNERAL DIRECTOR ADDRESS <u>Barton Bros. Centerville Maryland</u>			

MARGIN RESERVED FOR BINDING

BUREAU V. S.

MAY 31 1955

RECEIVED

4957

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 251

1. PLACE OF DEATH- COUNTY <u>Queen Anne</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Templeville</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>None</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MD</u> COUNTY <u>Queen Anne</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Templeville</u> STREET ADDRESS (If rural, give location) <u>None</u>	
3. NAME OF DECEASED (Type or Print) (First) <u>Andrew</u> (Middle) <u>Memphert</u> (Last) <u>Memphert</u>		4. DATE OF DEATH (Month) <u>May</u> (Day) <u>26</u> (Year) <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) <u>Married</u>	8. DATE OF BIRTH <u>March 19, 1906</u>
9. AGE last birthday <u>89</u> yrs.		10. CITIZEN OF WHAT COUNTRY? <u>US</u>	
11. BIRTHPLACE (State or foreign country) <u>Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13. FATHER'S NAME <u>Unknown</u>		14. MOTHER'S MAIDEN NAME <u>Unknown</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Frank Beverica - Maryland Md</u>			
18. MEDICAL CERTIFICATION			
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
420.1 Immediate cause (a) <u>Found dead in bed - From history</u>			
Antecedent cause(s) (b) <u>evidently Coronary Occlusion</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	
		HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> , Inspection <input type="checkbox"/> , Inquiry <input type="checkbox"/> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
SIGNATURE <u>W. Henry Fisher M.D.</u>		DATE SIGNED <u>5/26/58</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		DATE THEREOF <u>5/28/55</u>	
NAME OF CEMETERY OR CREMATORY <u>Templeville</u>		LOCATION (City, town, or county) (State) <u>Templeville, Md.</u>	
DATE REC'D BY LOCAL REG. <u>5/28/55</u>		REGISTRAR'S SIGNATURE <u>Edgar D. Adnet</u>	
		24. FUNERAL DIRECTOR <u>J. E. Bouclair</u> ADDRESS <u>Greensboro, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 7 1955

RECEIVED

PLEASE TYPE OR WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4958

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

04960

CERTIFICATE OF DEATH

Reg. Dist. No. 251

1. PLACE OF DEATH:		2. USUAL RESIDENCE (HOME) OF DECEASED:	
COUNTY <u>Queen Anne's</u> MARYLAND		STATE <u>md</u> COUNTY <u>Queen Anne's</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Sudbysville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Sudbysville</u>	
TOWN <u>Rural Sudbysville</u>		TOWN <u>Rural Sudbysville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED:		4. DATE OF DEATH:	
(First) (Middle) (Last)		(Month) (Day) (Year)	
<u>GEORGE H TILLER</u>		<u>May 21 1955</u>	
5. SEX: <u>Male</u>	6. COLOR OR RACE: <u>Calend</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH: <u>Mar 27 1893</u>
9. AGE last birthday <u>62</u> yrs.		10. BIRTHPLACE (State or foreign country): <u>md</u>	
11. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>labor</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>	
13. FATHER'S NAME: <u>unknown</u>		14. MOTHER'S MAIDEN NAME: <u>Katie Martin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>213-03-0116</u>	
17. INFORMANT & ADDRESS: <u>Mary Jane Tiller Sudbysville</u>			
18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		9 months	
IMMEDIATE CAUSE (A) <u>Nephritis</u>			
ANTECEDENT CAUSE (S) (B) <u>Carcinoma of the prostate</u>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST.			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.			
19A. DATE OF OPERATION: <u>0</u>		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		21B. PLACE (Home, farm, factory, OF INJURY street, office bldg., etc.)	
21C. WHERE DID (City or town) (County) (State)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED While <input type="checkbox"/> Not while <input type="checkbox"/> at work <input type="checkbox"/> at work <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Aug 31, 1954</u> to <u>May 21, 1955</u> that I last saw the deceased alive on <u>May 21, 1955</u> , and that death occurred at <u>3 P.M.</u> from the causes and on the date stated above.			
SIGNATURE <u>Edgar L. Kane</u>		ADDRESS <u>Baltimore</u>	
DATE SIGNED <u>May 23, 1955</u>			
23. BURIAL, CREMATION, REMOVAL (SPECIFY) <u>Burial</u>		DATE THEREOF <u>May 25, 1955</u>	
NAME OF CEMETERY OR CREMATORY <u>St. Pleasant Cem.</u>		LOCATION (City, town, or county) (State) <u>Pondtown md</u>	
24. REGISTRAR'S SIGNATURE <u>Edgar L. Kane</u>		GENERAL DIRECTOR'S ADDRESS <u>Edward V. Lollar Baltimore md</u>	
DATE REC'D BY LOCAL REGISTRAR <u>5-24</u>			

BUREAU V. S.

JUN 7 1955

RECEIVED

MARYLAND STATE DEPARTMENT OF HEALTH

04961

4959

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 252

1. PLACE OF DEATH- COUNTY <u>Queen Anne</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Queen Anne</u>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Centreville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Centreville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Helen</u> (Middle) <u>Elsie</u> (Last) <u>Walker</u>	4. DATE OF DEATH (Month) <u>May</u> (Day) <u>28</u> (Year) <u>1955</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>April 2, 1900</u>
9. AGE last birthday <u>55</u> yrs.		10. AGE last birthday (If under 1 year Months Days Hours Mins.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13. FATHER'S NAME <u>Jeremiah Clark</u>		14. MOTHER'S MAIDEN NAME <u>Catherine Thomas</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>2-18-30-2276</u>	
17. INFORMANT AND ADDRESS <u>Niece - Lolita Comegys</u>		18. MEDICAL CERTIFICATION	
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(a) <u>175X Immediate cause Carcinomatosis</u>		<u>One yr.</u>	
(b) <u>Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last Cystadenocarcinoma of ovary</u>		<u>1 1/2 yrs.</u>	
(c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office hldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/> HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Sept.</u> , 19 <u>53</u> , to <u>May 28</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>May 28</u> , 19 <u>55</u> , and that death occurred at <u>2:20 P</u> m., from the causes and on the date stated above.			
SIGNATURE <u>G. Wm. Martin, Jr.</u> (Degree or title) <u>MD</u>		ADDRESS <u>Queens town, Md.</u> DATE SIGNED <u>5/28/55</u>	
23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u> DATE THEREOF <u>May 31-55</u> NAME OF CEMETERY OR CREMATORY <u>Stevensville</u> LOCATION (City, town, or county) (State) <u>Stevensville Maryland</u>		24. FUNERAL DIRECTOR <u>Barton Bros</u> ADDRESS <u>Centreville Maryland</u>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BUREAU V. S.

JUN 7 1955

RECEIVED

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MAY 16 1955

BUREAU V. S.